

**APPLICATION FOR GAMBLING ESTABLISHMENT
KEY EMPLOYEE LICENSE**

CGCC-031 (Rev. 08/07)



State of California
California Gambling Control Commission
2399 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833-4231
(916) 263-0700; Fax: (916) 263-0452
www.cgcc.ca.gov

APPLICATION FOR GAMBLING ESTABLISHMENT KEY EMPLOYEE LICENSE

Pursuant to Business and Professions Code section 19854 of the Gambling Control Act, every key employee shall apply for and obtain a key employee license issued by the California Gambling Control Commission. Licenses issued to key employees shall be for specified positions only, and shall be detailed on the endorsement described in Business and Professions Code section 19851(b).

Instructions:

Type or print legibly, in ink, all information requested on this application. If a question does not apply, write "N/A" (Not Applicable). Applications not fully and accurately completed will be returned.

You must provide truthful information in all your responses in this application. All information provided and all answers to questions will be subject to verification. Any misrepresentation or failure to disclose information required on this application may constitute sufficient cause for denial or revocation.

Send the completed application package with required fees/deposits (listed below) to: California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231. Please make all checks payable to the California Gambling Control Commission.

Applicant's Last Name	First Name	Middle Initial
Gambling Establishment (Cardroom) Name		
Please check one box indicating if you are applying for an <i>initial</i> or <i>renewal</i> license.		
<input type="checkbox"/> <u>INITIAL</u>		
Application Fee: \$ 500 Non-refundable		
Background Deposit: \$ 1,200		
<i>Unused portion of background deposit will be refunded.</i>		
✓ Initial applicants must also submit a completed <i>Gambling Establishment Key Employee Supplemental Background Investigation Information, DGC-APP- 016A (Rev. 08/07)</i> form.		
<input type="checkbox"/> <u>RENEWAL</u>		
Application Fee: \$ 500 Non-refundable		
Background Deposit: No background deposit is required at time of application submission; however, you may be required to submit a background deposit upon notification by the Division of Gambling Control.		
<i>Unused portion of background deposit will be refunded.</i>		

SECTION 1 – APPLICANT INFORMATION

Other names you have used or been known by (aliases, maiden name, nicknames, other name changes, legal or otherwise)			
*Address of Record – Number/Street (See below for note)			Apt. / Unit Number
City	County	State	Zip Code
Residence Address, if different than above			
Contact Numbers <input type="checkbox"/> Cell <input type="checkbox"/> Fax			
Home: ()	Work: ()	Ext:	Other:
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	**Social Security Number (See below for note)	

SECTION 2 – JOB TITLE / DESCRIPTION

Job Title
Description of Job Duties

SECTION 3 - RENEWAL INFORMATION**Complete this section only if renewing your key employee license**

Have you been a party to any civil litigation, named in any administrative action affecting any license or certification, or convicted of any crime since you last filed an application for a Key Employee License? ☐ Yes ☐ No

If Yes, please attach a detailed statement describing the circumstances.

SECTION 4 – AUTHORIZED REPRESENTATIVE/DESIGNATED AGENT INFORMATION (if any)

Last Name	First Name	Middle Initial
Relationship to Applicant: <input type="checkbox"/> Self <input type="checkbox"/> Attorney <input type="checkbox"/> Other: _____		Business Name, if applicable
Mailing Address		
Telephone Number ()	Fax Number ()	E-mail Address (if any)

SECTION 5 –DECLARATION/SIGNATURE

I declare under penalty of perjury under the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate, and complete.

Signature of Applicant in Full (no initials)	Date
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*Once the Commission has issued the license, the address of record you enter on this application is considered public information pursuant to the Information Practices Act (Civil Code section 1798 et seq.) and the Public Records Act (Government Code section 6250 et seq.) and will be placed on the Internet. The Commission will mail all correspondence to this address. If you do not wish your residence address to be available to the public, you may provide a post office box number or a personal mail box (PMB). However, if your address of record is not your residence address, you must also provide your residence address to the Commission, in which case your residence will not be available to the public.

**Disclosure of your U.S. social security number is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code section 17520 or for verification of licensure. If you fail to disclose your social security number, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.